

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 25, 1980

ALL-COUNTY LETTER NO. 80-51

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATISTICAL REPORTING FOR AFDC APPLICATIONS, DENIALS, AND DISCONTINUANCES;

REPORTING OF CHILD SUPPORT COLLECTIONS ON FORM CA-237 BHI

REFERENCE:

AFDC APPLICATIONS, DENIALS, AND DISCONTINUANCES REPORTING

Recent changes to federal reporting requirements on AFDC applications, denials, and discontinued cases have allowed us to simplify the currently required county statistical summary reports from which data for the federal report are derived. The affected reports are:

Report number	Report title	Result of change
ABCD-253	AFDC-FG/U Report on Reasons for Discontinuance of Cash Grant	Data items reduced from 46 to 15.
ABCD-255	AFDC-FG/U Report on Denials and Other Nonapprovals of Applications for Cash Grant	Data items reduced from 27 to 10.
CA-237 FG/U	AFDC-Cash Grant-Caseload Movement and Expenditures Report	Part D, <u>Special Information</u> expanded to include data on application processing.
CA-345	Report on Processing of AFDC Applications	Report eliminated. Part A incorporated into CA-237 FG/U.
ABCDM 222	Length of Time Application on Hand at the End of the Calendar Year Have Been Pending.	Report eliminated.

The federal report, which is quarterly, has been simplified and requires a fewer number of reasons for denials and discontinuances to be reported. To facilitate preparation of the revised reports, reasons currently used for the ABCD 253 and ABCD 255 reports which are applicable to the specific federal reason classifications have been identified as such and have been grouped accordingly. A listing of the appropriate reasons so categorized, with their identifying codes, has been developed for each report and is part of the revised reporting instructions.

In addition to a realignment and categorization of reason classifications, the reporting of application processing has been revised to meet federal reporting requirements. Form ABCDM 222, currently required annually for reporting the number of applications pending at the end of the year by specific time elapsed intervals, will no longer be required because of a change in the elapsed time intervals needed for the revised federal report. The application processing times currently reported on the quarterly CA 345 for pending applications correspond with those required for the revised federal report. Data items in Part A (Application Movement During Quarter) of CA 345 have been incorporated in the CA 237 FG/U (AFDC Caseload Movement and Expenditures Report) with the addition of the item, Number of recipients, for "Applications Approved". The reporting of recipient count will be optional. Part B (Reason for Disposition After Pending Over 45 Days) of the CA 345 will no longer be required after the July-September 1980 quarterly report. Therefore, the CA 345 report will be eliminated after the July-September 1980 quarter. The due dates for the revised reports will remain the same as those currently in effect, and the revised reporting by the counties will be effective beginning with the October-December 1980 quarter.

REPORTING OF CHILD SUPPORT COLLECTION ON FORM CA 237 BHI

Current instructions in the Statistical Reports Manual of Policy and Procedures regarding the reporting of child support collections on the AFDC Boarding Homes and Institutions Caseload Movement and Expenditures Report (Form CA 237 BHI) require that a breakout of such collections be made for foster family homes and institutional placements with federal participation (now reported in Part D, Special Information). Effective with the September 1980 report, this distinction will no longer be required, and the amounts reported in Part D, Items 12 and 13, Column (4) should be gross payments; i.e., do not deduct child support collections in this column.

Similarly, child support collections will not be required to be deducted from the amounts reported in Items 11.a. (Foster family homes) and 11.b. (Institutional placements) in Part C, Net Expenditures. However, the reporting of total BHI child support collections will still be needed in Part C, with the additional requirement of a Federal/Nonfederal breakdown. Total collections will continue to be deducted from monthly expenditures to obtain total net expenditures reported in Item 11. Item 11 should equal the amounts reported in Items 11.a. and 11.b. (gross payments) minus total Federal/Nonfederal child support collections.

The appropriate revisions regarding the reporting changes for applications, denials, discontinuances, and BHI child support collections will be incorporated in the applicable sections of the Statistical Reports Manual of Policy and Procedures, Division 26.

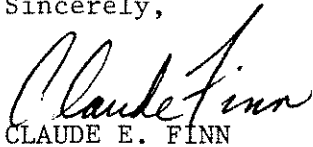
Attached are copies of the revised forms and instructions. For a supply of additional forms, please contact:

Department of Social Services
Warehouse
6150 - 27th Street, Mail Station 19-20
Sacramento, CA 95822

Telephone: (916) 322-6250

Questions regarding the reports should be directed to Frank Din at (916) 445-1526 or (ATSS) 485-1526.

Sincerely,

A handwritten signature in cursive script, reading "Claude Finn".

CLAUDE E. FINN
Deputy Director
Administration Division

Instructions for Form CA 237 FG/U

PART D. SPECIAL INFORMATION

Items 14 and 15 (Processing of AFDC Applications)

26-212.50 Part D. Special Information (continued)

26-212.50

14. Time Elapsed from Date of Application or Request for Restoration
(Report Quarterly Only - March, June, September, December)

Note: To comply with Federal regulations, the total processing time of an application or request for restoration is defined as the time, in terms of the number of days, from the date of application to the date of determination to approve, deny, or otherwise dispose of the application.

- a. Pending from prior quarter - Enter the number of applications and requests for restoration pending from prior quarter. This number should be the same as the number pending at the end of the previous quarter. If not, explain in footnote.
- b. Received during quarter - Enter the number of applications and requests for restoration received during the period covered.
- c. Disposed of - Enter the number of cases with final disposition determined during the quarter distributed by elapsed processing time. This number should be the sum of 14a, 14b, and 14c.
 - (1) Approved - Enter the number of applications and requests for restoration approved for cash grant during the quarter distributed by elapsed processing time. The number should equal Item 4a (Part A) as well as the sum of Items 7a plus 7b, Columns 1 and 2 in Part B of Form CA 237 FG/U for the report quarter.
 - (a) Report the number of recipients in the cases approved. (optional)
 - (2) Denied - Enter the number of applications and requests for restoration denied during the quarter distributed by elapsed processing time. The number should equal Item 4b in Part A on Form CA 237 FG/U for the report quarter.
 - (3) Otherwise disposed of - Enter the number of applications and requests for restoration cancelled, withdrawn or otherwise disposed of without approval. The number should equal Item 4c in Part A on Form CA 237 FG/U for the report quarter.

15. Applications and requests for restoration pending at end of quarter. Enter the number of applications and requests for restoration pending at the end of the report quarter and also distribute by elapsed time between the date of application and the last day of the report quarter.

Send One Copy To:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

**AID TO FAMILIES WITH DEPENDENT CHILDREN - CASH GRANT
CASELOAD MOVEMENT AND EXPENDITURES REPORT**

COUNTY		
FOR MONTH ENDING (MONTH	DAY	YEAR)

PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION

1. Pending from last month (Item 5 last month, or explain)	
2. Received during the month (Sum of a & b, below)	
a. Applications (Sum of (1) & (2))	
(1) For AFDC-FG	
(2) For AFDC-U	
b. Requests for restoration	
3. Total during the month (Sum of 1 & 2)	
4. Disposed of during month (Sum of a, b, and c, below)	
a. Approved (same as sum of 7a and 7b)	
b. Denied	
c. Other dispositions (cancellations and withdrawals)	
5. Investigation proceeding at end of month (3 minus 4)	

PART B. CASELOAD

	AFDC-FG (1)	AFDC-U (2)
6. Brought forward from last month (cases) (Item 10 last month or explain)		
7. Cases added during month (Sum of a through e below)		
a. Applications approved		
b. Restorations		
c. Transfers from other counties		
d. Other transfers-in (1) intraprogram status change from medically needy		
(2) change in aid category from FG or U segment		
e. Other approvals		
8. Total cases open during month (Sum of 6 & 7, above; also a plus b, below)		
a. Cases receiving cash grant		
(1) Children in Item 8a cases	()	()
(2) Adults in Item 8a cases	()	()
(3) Essential Persons in Item 8a cases (Sum of (a) + (b), below)	()	()
(a) Children FG _____ U _____ (b) Adults FG _____ U _____		
b. Other cases		
9. Terminated or changed in status during month		
10. Cases carried forward to next month (8 minus 9)		

PART C. NET EXPENDITURES

11. Total net expenditures (round to nearest dollar)	\$	\$
a. Total AFDC with Federal-State-County participation	\$	\$
b. County supplemental (in cash \$ _____ & in kind \$ _____)	\$	\$
(Child support collections FG \$ _____ U \$ _____)		

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PART E. TO BE USED ONLY ON INSTRUCTIONS FROM THE DEPARTMENT OF SOCIAL SERVICES

[illegible]

13. Number of overdue reinvestigations at the end of month

12. Number of requests determined ineligible during the month

INTRAPROGRAM STATUS CHANGE	INTERCOUNTY TRANSFER
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PART D. SPECIAL INFORMATION

Send One Copy To:

DEPARTMENT OF SOCIAL SERVICES
 STATISTICAL SERVICES BUREAU
 744 P STREET, MAIL STATION 12-81
 SACRAMENTO, CALIFORNIA 95814

**AID TO FAMILIES WITH DEPENDENT CHILDREN -
 BOARDING HOMES AND INSTITUTIONS
 CASELOAD MOVEMENT AND EXPENDITURES REPORT**

COUNTY
FOR MONTH ENDING: (MONTH DAY YEAR)

PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION

1. Pending from last month (Item 5 last month, or explain)	
2. Received during the month (Sum of a & b, below).	
a. Applications	
b. Requests for restoration	
3. Total during the month (Sum of 1 & 2).	
4. Disposed of during month (Sum of a, b, and c, below)	
a. Approved (same as sum of 7a and 7b).	
b. Denied.	
c. Other dispositions (cancellations and withdrawals).	
5. Investigation proceeding at end of month (3 minus 4)	

PART B. AFDC-BHI CASELOAD**CHILDREN**

6. Children brought forward from last month (Item 10 last month or explain)	
7. Added during month (Sum of a through e)	
a. Applications approved	
b. Restorations	
c. Transfers from other counties	
d. Intraprogram status change (1) from FG or U segments	
(2) from medically needy	
e. Other approvals	
8. Total (Sum of 6 and 7, above; also a and b, below)	
a. Received AFDC-BHI (_____ families) ^{1/}	
b. Did not receive AFDC-BHI.	
9. Terminated during month (Sum of a through c)	
a. Transfers to other counties	
b. Transfers to AFDC-FG/U	
(1) From Federal BHI status	(_____)
(2) From Nonfederal BHI status	(_____)
c. All other AFDC-BHI terminations	
10. Children carried forward to next month (8 minus 9)	

PART C. NET EXPENDITURES**TOTAL**

11. Total net expenditures for BHI (round to nearest dollar)	\$ _____
a. Foster family homes	\$ _____
b. Institutional placements	\$ _____
(Child support collections - Federal \$ _____ Nonfederal \$ _____)	

PART D. SPECIAL INFORMATION

	NONFEDERAL AFDC-BHI	AFDC-BHI WITH FEDERAL PARTICIPATION		
	CHILDREN (1)	CHILDREN (2)	FAMILIES ^{2/} (3)	AMOUNT ^{3/} (4)
12. AFDC-BHI children in foster family homes				
13. AFDC-BHI children in institutional placements,				
			INTRAPROGRAM STATUS CHANGE	INTERCOUNTY TRANSFER
14. Number of requests determined ineligible during the month.				
15. Number of overdue reinvestigations at end of month.				

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE PREPARED
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^{1/} Number of families represented by the children reported in Item 8a. Complete for the months of March and September only.

^{2/} Number of families represented by the children reported in Items 12 and 13, Column 2. See instructions for footnoting duplicate families.

^{3/} Exclude expenditures for nonfederal AFDC-BHI children.

26-218 AFDC - FAMILY GROUPS AND UNEMPLOYED REPORT ON
REASONS FOR DISCONTINUANCE OF CASH GRANT
(FORM ABCD 253)

26-218

26-218.01 CONTENT

26-218.01

This report provides monthly data on cash grant cases terminated from the AFDC-FG and AFDC-U segments of the AFDC Program, classified by primary reason for discontinuing aid.

26-218.02 PURPOSE

26-218.02

The purpose of this report is to provide data on discontinued cash grant cases for analysis of caseload trends and changes, statewide and by county. Data on cases being closed reflect the result of casework and administrative policies and practices, of recipient training and education, and of economic, social, and other conditions which influence dependency.

26-218.03 DISTRIBUTION

26-218.03

Information gathered in this report is compiled for use in reporting to the U. S. Department of Health, Education, and Welfare.

26-218.04 DUE DATE

26-218.04

Reports are due in Sacramento not later than the 12th working day of the month following the end of each report month. Mail to:

Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 12-81
Sacramento, California 95814

26-218.10 GENERAL INSTRUCTIONS

26-218.10

When a cash grant is discontinued, the primary reason for discontinuance is to be reported on Form ABCD 253. One form covering the two segments of the AFDC Program is to be submitted each month.

Reasons for discontinuance have been categorized, and grouped accordingly, to correspond with the specific reason classifications required for federal reporting and are part of these instructions. (See Reason Code Classification List) In those cases where more than one reason is applicable, the reason that is considered most important by the caseworker as having the greatest effect in the closing of the case will apply. Individual discontinuances are to be classified according to the reason for discontinuance included in the written notification to the recipient that the money payment is being discontinued.

26-218.11 ITEM INSTRUCTIONS

26-218.11

Total Cases Discontinued - Enter the total number of discontinuances. This item must equal the sum of Items 1 through 8 and must equal the monthly total of Item 9 (Terminated or changed in status during the month) on Form CA 237 FG/U. The reporting of the number of recipients in cases discontinued is optional.

1. No longer eligible child - Enter the number of discontinuances that occurred because there is no longer an eligible child in the home. Include under this reason classification any of the following applicable reason codes which fall within this major reason classification as indicated on the Reason for Discontinuance Classification List: Codes 01, 40, 44, 46, 47, 48.
2. No longer deprived of support or care - Enter the number of discontinuances that occurred because the child is no longer deprived of parental care or support. Code 45.
3. Resources exceed limits - Enter the number of discontinuances that occurred because the recipient family's resources and/or property now exceeds limits permitted for AFDC eligibility. Include under this reason classification the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 33, 34.
4. Income exceeds requirements:
 - a. Earnings increased - Enter the number of discontinuances that occurred because of excessive income due to increased earnings. Include the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 05, 06, 07, 08, 09.
 - b. Benefits or pensions increased - Enter the number of discontinuances that occurred because of excessive income due to increased benefits or pensions. Include the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 22, 23, 24, 27, 28, 29, 32.
 - c. Support from person inside home increased - Enter the number of discontinuances that occurred because of excessive income due to increased support from person inside the home. Include the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 17, 18.
 - d. Support from person outside home - Enter the number of discontinuances that occurred because of excessive income due to increased support from person outside the home. Include the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 19, 21.
 - e. Requirements reduced - Enter the number of discontinuances that occurred because of excessive income due to a reduction in requirements. Include the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 36, 37, 39.
5. Moved or cannot locate - Enter the number of discontinuances that occurred because the recipient moved or because the agency was unable to establish the whereabouts of the family or contact them for information essential to their continuation in the AFDC program. Code 98.

6. Recipient initiative - Enter in this item the number of discontinuances due to the recipient's initiative including voluntary withdrawal by the recipient family, refusal to comply with procedural requirements, etc. Include under this reason classification the following applicable reason codes as indicated on the Reason for Discontinuance Classification List: Codes 50, 52, 53, 54, 55, 56, 59, 60, 61, 70.
7. Transferred to another program segment:
 - a. To AFDC-FG from AFDC-U, Code 93
 - b. To AFDC-U from AFDC-FG, Code 94
 - c. To AFDC-BHI from AFDC-FG or U, Code 95
8. Transferred to Another County, Code 96.
9. To be used only on instructions from the Department of Social Services:
 - a. Code 90
 - b. Code 91
 - c. Code 92

26-218.00 FORMS (ABCD 253)

26-218.00

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

MAJOR CLASSIFICATION OF REASONS FOR DISCONTINUANCE
FOR REVISED ABCD 253

1. No longer eligible child

<u>Code</u>	<u>Reason For Discontinuance</u>
01	Discontinuance due to death
40	Parent no longer incapacitated
44	Became resident of public institution
46	Change in law or agency policy
47	No longer an eligible child in home
48	Loss of residence

2. No longer deprived of support or care

<u>Code</u>	<u>Reason For Discontinuance</u>
45	Parent returned to home or remarried

3. Resources exceeds limits

<u>Code</u>	<u>Reason For Discontinuance</u>
	(Other change in income or resources)
33	Real property
34	Personal property

4. Income exceeds requirements

a. Earnings increased

Employment or increased earnings of persons in home:

<u>Code</u>	<u>Reason For Discontinuance</u>
05	Father
06	Mother
07	Child
08	Stepfather
09	Other person in home

b. Benefits or pensions increased

<u>Code</u>	<u>Reason For Discontinuance</u>
22	OASDI
23	Other federal program
24	Veterans Benefits
27	Unemployment or disability insurance benefit
28	Other state or local program
29	Nongovernmental program
32	Other change in income

c. Support from person inside home increased

Receipt of or increase in support as result of:

<u>Code</u>	<u>Reason For Discontinuance</u>
17	Absent parent's return
18	Remarriage of parent

d. Support from person outside home increased

<u>Code</u>	<u>Reason For Discontinuance</u>
	(Receipt of or increase in support from person outside home.)
19	Absent father
21	Other person outside home

e. Requirements reduced

<u>Code</u>	<u>Reason For Discontinuance</u>
	(Change in need.)
36	Change in state law or agency policy relating to determination of need
37	Decreased need
39	Financial reasons (without a change in income or resources) not listed in Codes 36 or 37

5. Moved or cannot locate

<u>Code</u>	<u>Reason for Discontinuance</u>
98	Whereabouts unknown

6. Recipient initiative

<u>Code</u>	<u>Reason for Discontinuance</u>
50	Refuse to comply with property utilization requirements
52	Refused to participate in WIN
53	Refused to seek work in a program other than WIN
54	Refused to accept suitable employment - Employment Development Department referral
55	Refused to accept suitable employment - other source of employment offer
56	Refused to accept or complete training or education other than under WIN program
59	Refused to comply with procedural requirement not listed in Codes 50 through 70
60	Refused to provide CA 7 related information
61	Refused to provide essential information (non-CA 7 related)
70	Refused to register with the Employment Development Department for employment, manpower services, or training

7. Transferred to another program segment

<u>Code</u>	<u>Reason for Discontinuance</u>
93	To AFDC-FG from AFDC-U
94	To AFDC-U from AFDC-FG
95	To AFDC-BHI from AFDC-FG or U

8. Transferred to another county

<u>Code</u>	<u>Reason for Discontinuance</u>
96	Transferred to another county

9. To be used only on instructions from the Department of Social Services:Code

90

91

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AFDC-FAMILY GROUPS AND UNEMPLOYED REPORT ON REASONS FOR DISCONTINUANCE OF CASH GRANT

Send one copy to:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

COUNTY

FOR MONTH ENDING (MONTH, DAY, YEAR)

ITEM	AFDC	
	FG	U
REASONS FOR DISCONTINUANCE OF CASH GRANTS:		
Total cases discontinued (Same as Item 9, Form CA 237 FG/U)		
(Number of recipients: _____) (OPTIONAL)		
1. No longer eligible child		
2. No longer deprived of support or care		
3. Resource exceeds limits		
4. Income exceeds requirements:		
a. Earnings increased		
b. Benefits or pensions increased		
c. Support from person inside home increased		
d. Support from person outside home increased		
e. Requirements reduced		
5. Moved or cannot locate		
6. Recipient initiative (Number of cases discontinued due to CA 7 noncompliance: _____)		
7. Transferred to another program segment:		
a. AFDC - FG		
b. AFDC - U		
c. AFDC - BHI		
8. Transferred to another county		
9. To be used only on instructions from the Department of Social Services:		
a.		
b.		
c.		

REPORT PREPARED BY

TELEPHONE NUMBER

DATE PREPARED

26-219 AFDC - Family Groups and Unemployed Report on Denials 26-219
 and Other Nonapprovals of Applications Cash Grant
 (Form ABCD 255)

26-219.01 CONTENT 26-219.01

This report provides quarterly data on applications and requests for restoration for the AFDC-FG and AFDC-U programs which have been derived or otherwise disposed of without approval, classified by primary reason for action.

26-219.02 PURPOSE 26-219.02

The purpose of this report is to provide data for analysis of the reasons for denial or other nonapproval of requests for aid. The data will be used in the preparation of estimates concerning the implications of changes in eligibility requirements and in evaluation of eligibility requirements now in effect.

26-219.03 DISTRIBUTION 26-219.03

Information on the reasons for denial or other nonapproval of applications for money payments is required to meet the reporting requirements of the Department of Health, Education and Welfare.

26-219.04 DUE DATE 26-219.04

Reports are to be received in Sacramento not later than the 12th working day of the calendar month following the report month following the end of each calendar quarter: March, June, September and December. Mail to:

Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

26-219.06 DEFINITIONS 26-219.06

An application for aid (cash grant) which is not approved may be disposed of by (1) denial, or (2) other nonapproval. A finding that an applicant is ineligible to receive a cash grant results in a denial. Also, by regulations, the application of an applicant (1) whose whereabouts are unknown or (2) who has established residence in another state is denied. Removal of the applicant to another county in this state is not a cause or reason for denial; the county receiving the application completes the determination of eligibility and, if appropriate, initiates inter-county transfer procedures. Referral of an applicant to another program or agency is not, in itself, a reason for denial or an application for cash grant.

26-219.10 GENERAL INSTRUCTIONS

26-219.10

When an application for cash grant is denied or otherwise disposed of without approval (withdrawal or cancellation), the reason for the action will be reported on Form ABCD 255. One form is to be submitted for each quarter: March, June, September and December. Only one reason for each application not approved may be reported; it must be chosen from those set forth in the following sections and appearing on the form. If more than one reason is applicable, the reason that is considered most important by the caseworker is to be used. Reasons for denial of AFDC applications have been categorized, and grouped accordingly, to correspond with the specific reason for denial classifications required for federal reporting and are part of these instructions (see Reason Code Classification List).

26-219.20 ITEM INSTRUCTIONS

26-219.20

Enter the number of applications denied aid during the quarter due to ineligibility for a cash grant. Individual denials are to be classified according to the reason included in the written notification to the applicant that the application has been denied. This item will be the sum of Items 1 through 7 and must equal the quarterly total of the figures reported in Item 4b, Form CA 237 FG/U. Exclude applications cancelled or withdrawn.

26-219.30 PART A. REASONS FOR DENIALS OF CASH GRANT

26-219.30

1. No eligible child - Enter in this item the number of denials that resulted from a determination that the applicant had no child who met the specific conditions of eligibility for AFDC. Include any of the following applicable reason codes which fall within this reason classification as indicated on the Reasons for Denial Classification List: Codes 10, 13, 15, 16, 29.
2. Not deprived of support or care - Enter in this item the number of denials that resulted from a determination that the child(ren) for whom the application for a cash grant was made was not deprived of parental support or care. Include any of the following applicable reason codes as indicated on the Reasons for Denial Classification List: Codes 14, 17 (AFDC-U only).
3. Resource exceeds limits - Enter in this item the number of denials with a determination made that the applicant had resources in excess of limits permitted for AFDC eligibility: Code 02.
4. Income exceeds standards - Enter in this item the number of denials that resulted from a determination that the applicant had income in excess of limits permitted for AFDC eligibility: Code 01.
5. Failure to comply with procedural requirements - Enter in this item the number of denials that resulted from the failure of a member of the applicant group to comply with procedural requirement specified for AFDC eligibility. Include any of the following applicable reason codes as indicated in the Reasons for Denial Classification List: Codes 31, 32, 33, 34, 35, 39.

6. Undocumented alien - Enter in this item the number of denials that resulted from a determination that the applicant did not meet the citizenship requirements for AFDC eligibility: Code 19.
7. Nonresident - Enter in this item the number of denials that resulted from a determination that the applicant did not meet the residence requirements for AFDC eligibility: Code 18.
8. To be used only on instructions from the Department of Social Services:
 - a. Code 50
 - b. Code 51
 - c. Code 52

26-219.40 PART B. REASONS FOR NONAPPROVALS OTHER THAN DENIALS 26-219.40

Total nonapprovals other than denials - Enter the total number of nonapprovals other than denials. This item will be the sum of Items 8 and 9 and must also equal the quarterly total of the figures reported monthly in Item 40, Form SA 237 FG/U.

9. Application withdrawn - Enter in this item the number of applications disposed of due to the withdrawal of the application. Include any of the following applicable reason codes which fall within this reason classification as indicated on the Reasons for Denial Classification List: Codes 40, 43.
10. Unable to locate or moved - Enter in this item the number of applications disposed of because the agency was unable to locate the applicant, the applicant moved to another jurisdiction or state. Include the following applicable reason codes which fall within this reason classification as indicated on the Reason for Denial Classification List: Codes 40, 41.

REASON CODE CLASSIFICATION LIST
FOR FORM ABCD 255

1. No eligible child

<u>Code</u>	<u>Reason For Denial</u>
10	Age
13	Living in a public nonmedical institution
15	Child not living with relative of required relationship
16	Child not attending school
29	Other (do not use if applicable reason is listed above)

2. Not deprived of support or care

<u>Code</u>	<u>Reason For Denial</u>
14	Child not deprived of parental support or care
17	Parent not unemployed (AFDC-U only)

3. Resource exceeds limits

<u>Code</u>	<u>Reason For Denial</u>
02	Other resources exceed allowable limits

4. Income exceeds standards

<u>Code</u>	<u>Reason For Denial</u>
01	Income exceeds allowable need

5. Failure to comply with procedural requirements

<u>Code</u>	<u>Reason For Denial</u>
31	Relatives' responsibility provision
32	Refused to register for and to seek work
33	Refused suitable work, referred by Employment Development Department
34	Refused suitable work, other source of employment
35	Refused to accept training or education
39	Other refusal to comply with requirements

6. Undocumented alien

<u>Code</u>	<u>Reason For Denial</u>
19	Ineligible because of alien status

7. Nonresident

<u>Code</u>	<u>Reason For Denial</u>
18	Does not meet residence requirements

8. To be used only on instructions from the Department of Social Services:

<u>Code</u>

50

51

52

Reason For Nonapprovals Other Than Denials9. Application withdrawn

<u>Code</u>	<u>Reason For Nonapproval</u>
42	Death of applicant or dependent child
43	Withdrawal of application by applicant

10. Unable to locate or move!

<u>Code</u>	<u>Reason For Nonapproval</u>
40	Unable to locate applicant
41	Established residence in another state

**AFDC - FAMILY GROUPS AND UNEMPLOYED
REPORT ON DENIALS AND OTHER NONAPPROVALS
OF APPLICATIONS FOR CASH GRANT**

Send one copy to:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

COUNTY

FOR QUARTER ENDING (MONTH, DAY, YEAR)

ITEM	AFDC	
REASONS FOR DENIALS OF CASH GRANT	FG	U
Total denials of cash grant		
1. No eligible child		
2. Not deprived of support or care		
3. Resource exceeds limits		
4. Income exceeds standards		
5. Failure to comply with procedural requirements		
6. Undocumented alien		
7. Nonresident.		
8. To be used only on instructions from DSS:		
a.		
b.		
c.		
REASONS FOR NONAPPROVALS OTHER THAN DENIALS		
Total nonapprovals other than denials		
9. Application withdrawn		
10. Unable to locate or moved		
PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE	DATE PREPARED

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 STATISTICAL SERVICES BUREAU
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 SACRAMENTO, CALIFORNIA 95814

**AID TO FAMILIES WITH DEPENDENT CHILDREN -
 BOARDING HOMES AND INSTITUTIONS
 CASELOAD MOVEMENT AND EXPENDITURES REPORT**

COUNTY
FOR MONTH ENDING: (MONTH DAY YEAR)

PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION

1. Pending from last month (Item 5 last month, or explain)	_____
2. Received during the month (Sum of a & b, below).	_____
a. Applications	_____
b. Requests for restoration	_____
3. Total during the month (Sum of 1 & 2).	_____
4. Disposed of during month (Sum of a, b, and c, below)	_____
a. Approved (same as sum of 7a and 7b).	_____
b. Denied.	_____
c. Other dispositions (cancellations and withdrawals).	_____
5. Investigation proceeding at end of month (3 minus 4)	_____

PART B. AFDC-BHI CASELOAD**CHILDREN**

6. Children brought forward from last month (Item 10 last month or explain)	_____
7. Added during month (Sum of a through e)	_____
a. Applications approved	_____
b. Restorations	_____
c. Transfers from other counties	_____
d. Intraprogram status change (1) from FG or U segments	_____
(2) from medically needy	_____
e. Other approvals	_____
8. Total (Sum of 6 and 7, above; also a and b, below)	_____
a. Received AFDC-BHI (_____ families) ^{1/}	_____
b. Did not receive AFDC-BHI.	_____
9. Terminated during month (Sum of a through c)	_____
a. Transfers to other counties	_____
b. Transfers to AFDC-FG/U	_____
(1) From Federal BHI status	(_____)
(2) From Nonfederal BHI status.	(_____)
c. All other AFDC-BHI terminations	_____
10. Children carried forward to next month (8 minus 9)	_____

PART C. NET EXPENDITURES**TOTAL**

11. Total net expenditures for BHI (round to nearest dollar)	\$ _____
a. Foster family homes	\$ _____
b. Institutional placements	\$ _____
(Child support collections - Federal \$ _____ Nonfederal \$ _____)	

PART D. SPECIAL INFORMATION**NONFEDERAL
AFDC-BHI****AFDC-BHI WITH FEDERAL PARTICIPATION**

	CHILDREN (1)	CHILDREN (2)	FAMILIES ^{2/} (3)	AMOUNT ^{3/} (4)
12. AFDC-BHI children in foster family homes				
13. AFDC-BHI children in institutional placements				
			INTRAPROGRAM STATUS CHANGE	INTERCOUNTY TRANSFER
14. Number of requests determined ineligible during the month				
15. Number of overdue reinvestigations at end of month				

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE PREPARED
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^{1/} Number of families represented by the children reported in Item 8a. Complete for the months of March and September only.^{2/} Number of families represented by the children reported in Items 12 and 13, Column 2. See instructions for footnoting duplicate families.^{3/} Exclude expenditures for nonfederal AFDC-BHI children.

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**AID TO FAMILIES WITH DEPENDENT CHILDREN -
 BOARDING HOMES AND INSTITUTIONS
 CASELOAD MOVEMENT AND EXPENDITURES REPORT**

COUNTY
FOR MONTH ENDING: (MONTH DAY YEAR)

PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION

1. Pending from last month (Item 5 last month, or explain)	
2. Received during the month (Sum of a & b, below).	
a. Applications	
b. Requests for restoration	
3. Total during the month (Sum of 1 & 2).	
4. Disposed of during month (Sum of a, b, and c, below)	
a. Approved (same as sum of 7a and 7b).	
b. Denied.	
c. Other dispositions (cancellations and withdrawals).	
5. Investigation proceeding at end of month (3 minus 4)	

PART B. AFDC-BHI CASELOAD**CHILDREN**

6. Children brought forward from last month (Item 10 last month or explain)	
7. Added during month (Sum of a through e)	
a. Applications approved	
b. Restorations	
c. Transfers from other counties	
d. Intraprogram status change (1) from FG or U segments	
(2) from medically needy	
e. Other approvals	
8. Total (Sum of 6 and 7, above; also a and b, below)	
a. Received AFDC-BHI (families) ^{1/}	
b. Did not receive AFDC-BHI.	
9. Terminated during month (Sum of a through c)	
a. Transfers to other counties	
b. Transfers to AFDC-FG/U	
(1) From Federal BHI status	()
(2) From Nonfederal BHI status	()
c. All other AFDC-BHI terminations	
10. Children carried forward to next month (8 minus 9)	

PART C. NET EXPENDITURES**TOTAL**

11. Total net expenditures for BHI (round to nearest dollar)	\$
a. Foster family homes	\$
b. Institutional placements	\$

(Child support collections - Federal \$ Nonfederal \$)

PART D. SPECIAL INFORMATION**NONFEDERAL
AFDC-BHI****AFDC-BHI WITH FEDERAL PARTICIPATION**

	CHILDREN (1)	CHILDREN (2)	FAMILIES ^{2/} (3)	AMOUNT ^{3/} (4)
12. AFDC-BHI children in foster family homes				
13. AFDC-BHI children in institutional placements				
			INTRAPROGRAM STATUS CHANGE	INTERCOUNTY TRANSFER
14. Number of requests determined ineligible during the month				
15. Number of overdue reinvestigations at end of month				

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE PREPARED
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